

Application Data Sheet

Application Information

Application number::	10/521,063
Filing Date::	01/11/05
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R??::	No
Number of CD disks::	
Number of copies of CDs::	
Sequence Submission::	
Computer Readable Form (CRF)?::	No
Number of copies of CRF::	
Title::	METHODS AND APPARATUSES FOR REPAIRING ANEURYSMS
Attorney Docket Number::	021764-000720US
Request for Early Publication::	No
Request for Non-Publication::	No
Suggested Drawing Figure::	14
Total Drawing Sheets::	16
Small Entity?::	Yes
Latin name::	
Variety denomination name::	
Petition included?::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers One::	
Secrecy Order in Parent Appl.::	No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Singapore
Status:: Full Capacity
Given Name:: Whye-Kei
Middle Name::
Family Name:: LYE
Name Suffix::
City of Residence:: Charlottesville
State or Province of Residence:: VA
Country of Residence:: US
Street of Mailing Address:: 1060 Ramblewood Place
City of Mailing Address:: Charlottesville
State or Province of mailing address:: VA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 22901

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Michael
Middle Name:: L.
Family Name:: Reed
Name Suffix::
City of Residence:: Charlottesville
State or Province of Residence:: VA
Country of Residence:: US
Street of Mailing Address:: 2181 Whippoorwill Road
City of Mailing Address:: Charlottesville
State or Province of mailing address:: VA

Country of mailing address:: US
Postal or Zip Code of mailing address:: 22901

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Mark
Middle Name:: H.
Family Name:: Wholey
Name Suffix::
City of Residence:: Oakmont
State or Province of Residence:: PA
Country of Residence:: US
Street of Mailing Address:: 816 Woodland Avenue
City of Mailing Address:: Oakmont
State or Province of mailing address:: PA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 15139

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/US03/21611	07/11/03
PCT/US03/21611	An appn. claiming	60/395,180	07/11/02
	benefit under 35 USC		
	119(e)		

PCT/US03/21611	An appn. claiming benefit under 35 USC 119(e)	60/421,404	10/24/02
PCT/US03/21611	An appn. claiming benefit under 35 USC 119(e)	60/421,350	10/24/02
PCT/US03/21611	An appn. claiming benefit under 35 USC 119(e)	60/428,803	11/25/02

Foreign Priority Information

Country:: Application number:: Filing Date::

Assignee Information

Assignee Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::